ARIZONA STATE BOARD OF HEALTH  State File No. /36	
DEACE OF PIDTE	VITAL STATISTICS  Registered No. 12
STANDARD CER	TIFICATE OF BIRTH
inty.	State Orana
tuist on Tampahia	or Village
atrict or Township	
ty	
If child is not yet named, make	
Full name of child supplemental report, as directed.	
. Sex of Child To be answered ONLY 4. Twin, triplet or other with Legitimate? 7. Date 7. Date	
in event of plural births. 5. No., in order of birth	h of birth Month Day Year
. D FATHER	14. MOTHER
'ull name of he do a to Boo mal	Full maiden name () A O Me A Maria
a removed the rest	Neogo as 110 anga
. Residence	15 Residence (Uaual place of abode)
(Usual place of abode)	$\Lambda_{\Lambda}$
If non-resident, give place and state.	If non-resident, give place and state.
0. Color or race	16 Color or race
Mulelan 11. Age at last birthday 33 (Years	s) Mulicar 17. Age at last birthday 16 (Years)
2. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
	AN A
3. Occupation	19. Occupation
Nature of industry	Nature of industry
	and now living 5 21. Were precautions taken against oph-
'aken as of time of birth of child herein rtified and including this child.)  (c) Stillborn	but now dead 12 1
CURTIFICATE OR ATTENDING PHYSICIAN OR MIDWIFF*	
hereby certify that I attended the birth of this child, who was (Born clive or etillborn)	
(Both and of Jennovia.)	
*When there was no attending physician r midwife, then the father, householder,	
tc., should make this return. A stillborn /	Marian
hild is one that neither breathes nor hows other evidence of life after birth.	(Physician or midwife).
iven name added from supplemental report Address	Those anna
Month, day, year	
600 100-401 Filed 2/8 1928 3. 18. Wysman	
Registrar Registrar	

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